

Friday, July 9, 2021

Barbara Folsom-McNeal, Chief of Police  
City of Jackson, Mississippi  
327 East Pascagoula Street  
Jackson, MS 39205

RE: [REDACTED] (dob [REDACTED])

Dear Commander Folsom-McNeal,

I am writing at the request, and with the permission of, [REDACTED] T [REDACTED] pursuant to a memo dated June 25, 2021, generated by you.

Please accept this note as a summary of my consultation and psychological assessment/evaluation (Critical Incident Stress Debriefing – CISD) secondary to a recent critical incident involving [REDACTED] T [REDACTED]. I was able to meet with [REDACTED] on the afternoon of July 8, 2021, where a semi-structured interview was conducted based around the CISD guidelines offered by Joseph A. Davis, Ph.D. Formal psychological testing was included, and will be discussed later in this update.

[REDACTED] T [REDACTED] was placed on administrative leave (procedural) after his involvement in a fatal robbery/pursuit. The date of this occurrence was April 13, 2020. After being cleared to return to work on Monday, November 23, 2020, [REDACTED] T [REDACTED] began to exhibit emotional dysregulation at work on Tuesday, November 24, 2020, at which time it was recommended by the department that he be placed on paid administrative leave and that he receive psychological treatment.

Upon interview, [REDACTED] T [REDACTED] continues to express symptoms consistent with Posttraumatic Stress Disorder and Anxiety. He was referred to [REDACTED] a psychologist in Byram, for treatment, which he stated he has been compliant with. [REDACTED] T [REDACTED] has been prescribed medication by his primary care provider, [REDACTED] MD (Ridgeland, MS).

[REDACTED] T [REDACTED] completed the Millon Clinical Multiaxial Inventory – Third Edition (MCMI-III), a psychological instrument used to isolate patterns of personality and psychological functioning that may be of clinical interest. Based on the way he responded to this instrument, anxiety is noted, consistent with his report. All other scores were within normal limits and may be interpreted with confidence. Validity scales suggest an appropriately open, honest, and forthcoming approach to the instrument.



Clinical scale findings revealed elevated markers for Anxiety, Somatoform, and Dysthymia. All other scales were benign (insignificant).

Considering the ongoing nature of [REDACTED] reported symptoms, including but not limited to hypervigilance, increased anxiety, and his reported heightened stress state, as well as the symptoms described above, it is my opinion that [REDACTED] remain on administrative leave indefinitely. I recommended to [REDACTED] that, as of July 8, 2021, it is my conclusion that:

- He is not fit to return to duty
- He should continue to receive psychological care (psychotherapy) from [REDACTED] in Byram, MS
- He should consult with his primary care provider ([REDACTED] MD) regarding medication management
- He is to communicate with JPD as to when he should return to me for re-evaluation

**In summary, [REDACTED] is deemed not fit for return to duty based on the current consultation.**

During the CISD, adaptive and coping techniques were discussed, including processing the event, cognitive re-framing, and breathing exercises, in an effort to expedite the resolution of his lingering distress. It is also recommended that [REDACTED] continue with his scheduled counseling appointments with [REDACTED]. [REDACTED] is aware of these recommendations and concurs.

I am happy to re-evaluate [REDACTED] regarding his psychological fitness for return to work at any point going forward.

Please do not hesitate to contact me directly if I may be of further assistance in this case. Again, Commander Folsom-McNeal, I am honored to participate in [REDACTED] care. Please do not hesitate to contact me directly (office: 601-352-7398; cell: 601-454-6505) if I may be of further assistance in this situation.

Gratefully,

C. Bufkin Moore, Psy.D.  
Licensed Clinical Psychologist